A REPORT OF TWO CASES OF EXTRA-UTERINE PREGNANCY.

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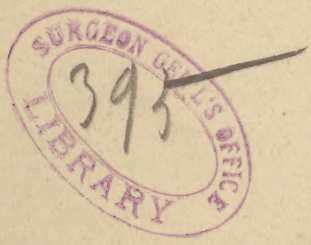

Reprinted from PRACTICE, *January*, 1889.

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At the present time there is no operation within the domain of abdominal surgery so much under discussion as that for ectopic gestation. As the discussion progresses we are gradually nearing an opinion that receives a greater unanimity of expression, both as to the nature, location and complications of this frequent accident. Hitherto there was much doubt as to all these, the interpretation of each special case, differing from that of all others, without successful or even logical attempt at classification. The classifications of earlier writers are almost as puzzling as the cases themselves. The frequency, too, of the accident was also not fully appreciated. Intra-abdominal hemorrhage was termed "hæmatocele," and this condition was left to speak for itself, or at least what is now accepted, or will have to be, as the most frequent cause of intra-peritoneal and extra-peritoneal hemorrhage, was almost entirely left out of consideration in a majority of cases. The location in the abdomen of these hemorrhages was a point often neglected, and just as often fallaciously determined, the relation of the point of rupture, with the ultimate site of the tumor, being entirely left out of sight. No one seemed to appreciate the fact that the direction of rupture would alone determine the entire after-history, complications, dangers, and results.

The causes, too, from a pathological standpoint, which rendered displaced pregnancy possible, were, with the earlier writers, attributed to conditions physiologically false, or much in error, or at least guessed at, while the treatment of the condition, though often approached was, never firmly determined and fixed upon, as in other surgical procedures.

Where hitherto has been doubt and indecision on the part of the surgeon, and destruction, except in favorable cases, now exactly determined, it has been the great achievement of Mr. Lawson Tait, more than of any other man, to elucidate principles which in the line of progress perhaps surpass in importance all other advances in the line of special surgery during the last twenty-five years. Some of these steps will be elucidated in the history of the cases about to be presented.

CASE I.—Double tubal pregnancy. Mrs. M., æt. 35, white, four children, the last 18 months old. Delayed menses in November two or three weeks beyond term. Three weeks ago was seized with agonizing pelvic pain and collapse at midnight. This attack was followed by recurring attacks of collapse and pain, constant uetrine hemorrhage, loaded with shreds of decidua. Abdominal section performed December 22d, 1888. Removal of both appendages for double tubal pregnancy. The right tube had ruptured into abdomen, discharging its contents. Abdomen full of clotted blood and placental debris. The left tube was found greatly elongated, and distended to the size of an orange by blood clot, which protruded from pavilion extremity: the cornual extremity was occupied by placenta and membranes. General peritonitis and adhesions of pelvic and abdominal vicera. Irrigation and glass drainage. Patient now convalescent. No bad symptoms.

MICROSCOPIC EXAMINATION OF SPECIMENS.

"1322 WALNUT ST., Dec. 22, 1888.

"*Dear Dr. Price,*—The specimen you gave me from the woman upon whom you operated to-day I took to Dr. Piersol, who found what he says are certainly villi of the chorion, thus establishing beyond peradventure your diagnosis of extra-uterine pregnancy. Further examination may show more that is of interest, but the proof of the correctness of the diagnosis was, I suppose, what you most wanted.

"Very truly yours,

"ARTHUR V. MIEGS."

CASE II.—Left tubal pregnancy, right hydrosalpinx. Mrs. F., æt. 34, white, married twice, four children by first husband, none by second. Sterile for eleven years, typical history of tubal pregnancy. Inaptitude to conception; absence of three

menstrual periods; sudden agonizing pelvic pain and collapse recurring at short intervals. Her physician, Dr. Eugene P. Bernardy, saw her in collapse. Diagnosed ruptured tubal pregnancy, and insisted upon prompt surgical interference. Abdominal section December 29th, 1888. Removal of both appendages for left ruptured tubal pregnancy and right hydrosalpinx. The left appendages filled the pelvic basin, the primary rupture having occurred between the folds of the broad ligament, with secondary rupture into the peritoneal cavity. General firm adhesions. The pelvis was emptied of clot. The placenta and membranes coming away in the tub. Irrigation and glass drainage. Patient now convalescent, having had no bad symptoms.

The procedure in these two cases was as simple as possible for abdominal sections. Every detail was minimized. Short anæsthesia, short incision, rapid but clean eneucleation, careful tying, free flushing with warm distilled water, through an irrigator one-half inch in diameter—water poured from pitcher to funnel from a height and well-placed glass drainage.

The histories of many of these cases are rather typical, and they should be seriously considered at the right time, which time is the occasion of the first rupture, if the patients are to be saved.

The symptoms given above, occurring in a woman, married many years, a child or miscarriage in early married life, a long sterile period or inaptitude for conception, with a history as in many cases of old pelvic trouble, or tubal disease—the *fons et origo* of ectopic gestation, desquamation salpingitis, where the normal ciliated epithelium of the tube being removed, destroys the best safeguard against this murderous accident, are characteristic.

The absence of cilia, which float the ovum through the tube and prevent the locomotion of the spermatzoa away from the cavity of the uterus, is the most satisfactory explanation of tion of ectopic gestation.

The following communication from Dr. H. F. Formad, Coroner's Physician of Philadelphia, bears directly on this subject:

"Dr. Joseph Price,

Dear Doctor,—In answer to your inquiry, I state that during five years of continuous service as coroner's physician of Philadelphia, conducting all the autopsy work, I observed nineteen cases of extra-uterine pregnancy. I have reason, however, to believe that more cases occurred, but escaped notice. I am sorry not to be able to give detailed descriptions of these cases at this time; moreover, they were all cases of sudden death, mostly with histories unknown. Yet the specimens being preserved, I propose to give them a close study and to give you at some future time a full anatomical description. The next volume of the Pathological Society will contain a tabulated record of all my cases. The majority of specimens I exhibited from time to time before that Society.

I may state that the cases were all of the same kind and nature, and have the tollowing features in common: Death from sudden profuse hemorrhage in the abdomen, all within twelve hours save one case, in which death ensued five days after the rupture of the sac, while in some cases as early as three hours. All cases were tubal, as many right as left, and all between four and eight weeks of fœtal development. In all cases the sac was located near the end of the tube except in one case where its seat was just at the point of exit of the right fallopian tube from the uterus. This was the case in which death was so unusually delayed. The women were mostly young and a few middle aged; all had borne children before; nearly all had chronic salpingitis, with adhesions and contortions of the tubes. All were from the working class, and in all the rupture of the sac appeared to have taken place while the women were exerting themselves at work or housekeeping. Women of German extraction were in the majority, and two were colored. The fœtuses were found only in half the cases, it being very difficult and sometimes impossible to recover the small embryos in the enormous masses of clotted blood distributed usually throughout the whole abdominal cavity. In no case was there less than a quart of blood coagula. In every case there were formed fœtal membranes within the sac. The following history of my last case gives the essential clinical features of all the cases. The post-mortem was held November 12, 1888. White; German woman; æt. 26; married; two children; both living; the youngest three years old; probability of having aborted

once about a year ago; menstruation habitually regular as far as could be learned; absence of last period; robust health up to November 11th, when, at 7 A. M., while washing or scrubbing, she was suddenly seized with violent pain in the abdomen and fainted. This was followed by complete collapse, syncope, some convulsions, coma, and death at noon or within five hours. None of these cases were diagnosed before death, and the physician called in usually regarded the case as one of gastric or intestinal colic and prescribed remedies accordingly, and after death referred the case to the coroner. Possibly some similar cases were not reported, or not examined, and have escaped record."

In connection with this subject it will be interesting to note the following table of cases published by Mr. Lawson Tait:

No.	Residence.	Med. Attendant.	Age.	Date.	Recovered.	Died.
1	Wolverhampton	Dr. Spackman	41	17, I. 1883.		D.
2	Solihull	Dr. Page	40	3, III, 1883.	R.	
3	Birmingham	Dr. Taylor	37	10, IV, 1884.	R.	
4	Birmingham	Dr. Wilson	27	21, V, 1884.	R.	
5	Birmingham	Dr. Leech	34	6, VI, 1884.	R.	
6	Walsall	Dr. G. Sharpe	28	23, VII, 1884.	R.	
7	Smethwick	Dr. Pitt	31	29, X, 1884	R.	
8	Birmingham	Dr. Farncombe	30	28, XI, 1884.	R.	
9	Birmingham	Dr Ward	35	9, XII, 1884	R.	
10	Wolverhampton	Dr. Scott	41	9, II, 1885	R.	
11	Birmingham	Dr. A. E. Clark	30	2, IV, 1885.	R.	
12	Birmingnam	Dr. L. T.	37	5, V, 1885.	R.	
13	Birmingham	Dr. Whitcomb	25	11, V, 1885,	R.	
14	Birmingham	Dr. Whitley	34	2, VII. 1885.	R.	
15	Birmingham	Dr. L. T.	42	11, VII, 1885.	R.	
16	Wolverhampton	Dr. Watts	31	2, IX, 1885.	R.	
17	Manchester	Dr. Walter	26	6, IX, 1885.	R.	
18	Birmingham	Dr. L. T.	28	19, IX, 1885.	R.	
19	Birmingham	Dr. L. T.	42	23, X, 1885	R.	
20	Coventry	Dr. Davidson.	37	31, X, 1885	R.	
21	Tipton	Dr. Price	24	2, II, 18886.	R.	
22	Oldburg	Dr. Cunningham,	35	3, VII, 1886	R.	
23	Birmingham	Dr. Wilson	32	16, VII, 1886.	R.	
24	Tipton	Dr. Price	34	27, IX, 1886.		D.
25	Birmingham	Dr. A. E. Clark	44	26, I, 1887.	R.	
26	Birmingham	Dr. Hoare	31	18, II, 1887	R.	
27	Halifax	Dr. Dolan	29	17, II. 1887	R.	
28	Coleford	Dr. Prosser	29	27, IV, 1887.	R.	
29	Walsall	Dr. Gordon	30	6, V, 1887.	R.	
30	Birmingham	Dr. Lafarelle	44	19, IX, 1887.	R.	
31	Birmingham	Dr. Wilson	29	20, IX, 1887.	R.	
32	Wrexham	Dr. Williams	37	30, IX, 1887.	R.	
33	Nottingham	Dr. Hunter.	37	16, XI, 1887.	R.	
34	Birmingham	Dr. L. T	37	16, XII, 1887	R.	
35	Birmingham	Dr. Harmar	41	7, I, 1888.	R.	
36	Birmingham	Dr. Vokes	30	16, II, 1888	R.	
37	Kidderminster	Dr. Jothan	38	11, V, 1888.	R.	
38	Derby	Dr. Carter Wigg	27	12, VI, 1888	R.	
39	Jerracombe	Dr. Slade King.	27	9, VII, 1888.	R.	
40	Birmingham	Dr. Drury	26	28, VIII, 1888,	R.	
41	Birmingham	Dr. Bracey	27	29, VIII, 1888.	R.	
42	Birmingham	Dr. Hallwright.	35	25. IX. 1888.	R.	